

# Work Order ID 97170

February-14-13 2:54:37 PM

**\*97170\***

Page 1

Item ID: D3787-1

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Foot

Start Date: 2/13/13 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 2/28/13 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-02-19

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr Revision Nbr

D3787 Rev A

100 PURCHASING 0.00

**\*100\***

Purchasing

Memo

0.00

Purchasing

Issue P/O: 19137 Purchase Part Number: MS22034-1B or BHT P/N 205-070-786-001 Supplier: AUTO PARTS (P/N: 32334) Certificate of conformity is required

CL 13/02/20 10

110 Receive & Inspect for Damage & Mat'l Certs 0.00

**\*110\***

Packaging

Memo

0.00

Packaging

Ensure Material Release Note is attached

13/3/8 10

120 QC6- Inspect dimensions to drawing 0.00

**\*120\***

QC

Memo

0.00

Quality Control

SA  
1338

10

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Work Order ID 97170

February-14-13 2:54:37 PM

\*97170\*

Page 2

Item ID: D3787-1

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Foot

Stop \*NS2\*

Start Date: 2/13/13 Start Qty: 10.00

\*10\*

Cust Item ID:

Required Date: 2/28/13 Req'd Qty: 10.00

\*10\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* Mill Conv Conventional Milling Machine	CONVENTIONAL MILLING MACHINE  Memo 1- Drill hole to finish size as per dwg D3787 2- Deburr hole as per dwg D3787	0.00  0.00				10			
140 *140* QC Quality Control	QC5- Inspect part completeness to step on W/O  Memo	0.00  0.00				10			
150 *150* Packaging Packaging	Identify as per dwg & Stock Location:  Memo	0.00  0.00				10x			

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
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		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

**Work Order ID 97170**

February-14-13 2:54:37 PM

**\*97170\***

Page 3

Item ID: D3787-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Foot

Start Date: 2/13/13

Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 2/28/13

Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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160

QC21- Final Inspection - Work Order Release

0.00

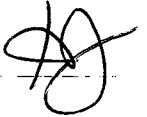
**\*160\***

QC

Memo

0.00

Quality Control

13/3/12 

13-03-12

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
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		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Picklist Print

February-14-13 10:52:26 AM

Page 1

Work Order ID: 97170

Parent Item: D3787-1

Parent Item Name: Foot

Start Date: 2/13/13

Required Date: 2/28/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP Rev:A 08-05-20 new issue DD verified by: LL  
IPP Rev:B 08-06-17 rev.A as per dwg DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MS220341B Foot		Purchased	No			100	Each	0.0000	1	10		4/3/13	

(10)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

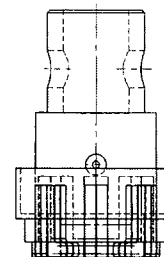
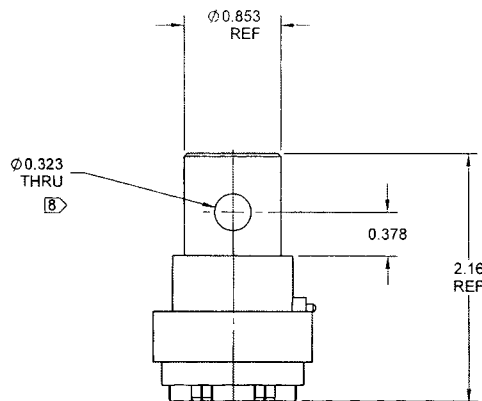
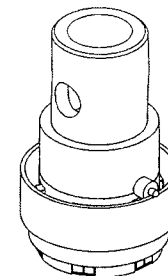
Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
<b>Landing Gear</b>			<b>General</b>						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
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<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other					
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge						
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<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							





# SPECIFICATION CONTROL DRAWING



DART PART NUMBER	MILITARY PART NUMBER	BHT PART NUMBER	STUD DIAMETER	FOOT HEIGHT
D3787-1	MS22034-1B	205-070-786-001	$\varnothing 0.853$	2.16

## D3787-1 FOOT

### NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.13 lbs
- 8) DRILL  $\varnothing 0.323$  HOLE 0.378 FROM SHOULDER, TOUCH UP WITH ALODINE AFTER DRILLING

DUPLICATE  
CURRENT  
OF  
SER  
97170.MLS  
13-02-19

RELEASED  
08-06-16

A	NEW ISSUE	HS	08.06.04
REV.	DESCRIPTION	BY	DATE
DESIGN	HS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	HS		
CHECKED	PL	DRAWING NO.	REV. A
MFG. APPR.	HS	D3787	SHEET 1 OF 1
APPROVED	PL	TITLE	SCALE
DE APPR.	HS	FOOT	NTS
DATE	08.06.04	COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO19137

Purchase Order Date 2/20/13

PO Print Date 2/20/13

Page Number 1 of 1

Order From :

VC-AUT001

AUTO PARTS EXTRA  
1000 RUE LANSDOWNE  
HAWKESBURY, ON K6A 1H7  
CA

Contact Name

Vendor Phone

613 632 1191

Vendor Fax

613 632 2350

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**  
2/20/13

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	MS220341B	Foot	3/08/13 Yes	10.00 Each	Yours ppd	\$84.9500	\$849.50

Special Inst: AS PER DWG D3787 REV. A  
B97170  
AUTO PART: 32334

PO Total:

\$849.50

CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY

Change Nbr: 1

Change Date: 2/20/13

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required - YES NO



**AUTO PARTS • PIÈCES D'AUTO  
TRUCK PARTS • PIÈCES DE CAMION  
PERFORMANCE PARTS • PIÈCES DE PERFORMANCE  
TIRES • PNEUS**



www.bensonautoparts.com

Past due accounts bear 2% interest per month (24% per annum). If this account is placed with a 3rd party collection, an administrative cost of 25% will be added. All exchanges and refund claims must be accompanied by this invoice. Electrical parts not returnable. All parts returned are subject to 20% handling charge. All merchandise sold on this invoice remains the vendor's property until this invoice is paid in full.  
TERMS: Payment due on 10th day of the following month.

Aucun remboursement sans cette facture. Net 30 jours, 2% de frais d'intérêt par mois (24% par année) sur compte en souffrance. 20% de frais de manutention sur toute marchandise retournée. Clause pénale une indemnité de 25% sera chargée sur compte sujet à des procédures légales. Les marchandises mentionnées sur cette facture demeurent la propriété du vendeur tant qu'elles ne seront pas entièrement payées. Pièces électriques non-retournable.  
TERMES: Compte payable le 10 du mois suivant.

TVQ: 1016330716 TQ0001 — HST / TPS: 10035 3366 RT0001

SIGNATURE \_\_\_\_\_

*Thank  
You*

1000 RUE LANDSDOWNE HAWKESBURY, ON K6A 1H7  
TEL: (613)632-1191 FAX: (613)632-2350

*Merci*

113336 (613)632-5200  
S V DART AEROSPACE LTD.  
D L 1270 ABERDEEN STREET  
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T O HAWKESBURY ON K6A 1K7

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DATE: 3/07/13  
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ORD / COM	SHIP / EXP	CODE	PART No / PIÈCES	DESCRIPTION	LIST / CHACUN	COST / COÛTANT	EXTENSION
10	10	TWD>	KIN32334 ✓ direct kinedyne =ms220341b 20760/ 27941 SHIP VIA	12 JAW CHR LEG STU BOV: KIN  PIECES/CORE TOT 242	114.91	84.95	849.50
INVOICE No / FACTURE	TYPE / SORTE	TOTAL	DISC / ESC	FRT / TRANS	HST / TPS	TVQ	AMT to PAY / À PAYER
11198710	INVOICE	849.50	0.00	0.00	110.44	0.00	959.94